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Gender differences in problem gambling behaviour from help-line callers

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Abstract

The province of Manitoba, Canada, has operated a province-wide Problem Gambling Help-Line 24 hours a day, 7 days a week, since 1993. The present study looked at gender differences in a sample of help-line callers. A total of 97 callers (59 men and 38 women) were asked 34 questions. The results showed both

similarities and differences among men and women. The most popular gambling activity for all callers was video lottery terminals (71%). Male and female callers had similar background demographics and had both experienced numerous financial, relationship, and work problems as a result of their gambling. Some gender differences were found. Female callers reported a shorter duration of their gambling problem compared to male callers. Higher numbers of men than women gambled in bars, hotels, and restaurants. Overall, the results contribute to an understanding of gender differences in problem gambling.

Introduction

The literature shows that more men than women have a gambling problem. In fact, it is estimated that over twice as many men as women have a gambling problem ([Brown & Coventry, 1997](#); [Potenza et al., 2001](#)). Overall, the combined proportion of men and women with a pathological gambling problem in the general population is estimated to be anywhere from 1% to 4% ([American Psychiatric Association, 1994](#); [Patton, Brown, Dhaliwal, Pankratz, & Broszeit, 2002](#)).

The higher prevalence rates for men with problem gambling may in part explain why there is more research into the behaviours and correlates of problem gambling using male gamblers. Commensurate with the gender dominance of research on men who are problem gamblers is the recognized paucity of research on women who are problem gamblers ([Tavares, Zilberman, Beites, & Gentil, 2001](#)). This makes it difficult to develop appropriate and effective prevention programs and treatments that are gender specific ([Tavares et al., 2001](#)). The present study will look at several salient issues around problem gambling for both men and women to help foster a greater understanding of women and gambling.

Interestingly, within the past decade, gambling has become more feminized and socially acceptable for

women. Past gambling domains, such as racetracks, sports venues, and betting shops, were more masculine and generally less attractive to women. Currently, there are more legalized and accessible venues to gamble, such as casinos, hotel bars, and restaurant lounges. Casinos include lounges that provide meals and musical entertainment, in addition to an ambience that is more gender neutral than racetracks and sporting events. By the mid-1990s, only a few years after the first casino opened in Canada, the province of Manitoba had the most video lottery terminals (VLTs) per capita in Canada ([Wenger, McKechnie, & Kaplan, 1996](#)). The increased accessibility and social acceptability of gambling is likely responsible for the fact that more women are gambling, which in turn has placed more women at risk for becoming problem gamblers. As a result, research on gambling using female participants is increasing ([Trevorrow & Moore, 1998](#)).

Research on women and gambling has shown some notable gender differences in the types and behavioural correlates of gambling ([Hing & Breen, 2001](#); [Hraba & Lee, 1996](#); [Tavares et al., 2001](#)). For instance, within the general gambling population, women typically engage in fewer types of gambling. [Hraba and Lee \(1996\)](#) found that the primary type of gambling that women engaged in was bingo, whereas males were more likely to gamble on the stock market or on sporting events. With regard to casino games, studies have shown that women prefer electronic gaming machines (EGMs), whereas men prefer table games ([Hing & Breen, 2001](#)). Women's preference for particular types of gambling may be related to the social acceptability or location of games. [Trevorrow and Moore \(1998\)](#) postulated that women would be more likely to gamble in hotels and casinos, where the atmosphere is clean, safe, and attractive, which in turn may restrict the type of games to be played.

Men and women also differ in their reasons for gambling. Women have been traditionally designated as escape gamblers; that is, they gamble to escape their problems ([Davis, 2002](#)). Women prefer games that maximize their playing time (e.g., EGMs) and on which they will spend

less money ([Hing & Breen, 2001](#); [Trevorrow & Moore, 1998](#)). It has been suggested that women's motivation to gamble primarily comes from boredom, loneliness, and isolation, which may explain why women prefer playing games that maximize their playing time ([Brown & Coventry, 1997](#); [Trevorrow & Moore, 1998](#)). The longer women spend gambling at a sitting, the less time there will be to be bored and to notice feelings of isolation and loneliness. Men, however, have been traditionally designated as action gamblers ([Davis, 2002](#)). Men are more likely to report that their attention to gambling is based on the need for excitement (sensation seeking and risk taking) or a misguided effort to make money.

Gender differences also emerge within the problem gambling population. First, women seeking help for their problem gambling have reported a shorter history of problem gambling than men who are seeking help for their problem gambling ([Potenza et al., 2001](#); [Tavares et al., 2001](#)). Second, the types of gambling that men and women have problems with tend to be the games that they play most frequently (i.e., men with noncasino games and women with casino games; [Brown & Coventry, 1997](#); [Potenza et al., 2001](#)). When the types of games are limited to the casino, men have more problems associated with table games and women have more problems associated with slot machines ([Potenza et al., 2001](#)). Third, there are marked gender differences in the perceived consequences of problem gambling. Women were more likely than men to report anxiety and suicide attempts as a result of gambling ([Potenza et al., 2001](#)). Women also had higher reports of financial problems as a result of gambling, despite the fact that both men and women report high rates of financial problems ([Potenza et al., 2001](#)). Finally, women with gambling problems had lower rates of associated arrests and drug and alcohol problems, suggesting that their problem gambling is more of an isolated behavioural issue ([Potenza et al., 2001](#)).

The primary objective of this study is to assess the gender differences of perceived problem gambling using data from help-line callers. This study will help solidify

past research by comparing male and female help-line callers' demographics and their preferred type of gambling, and the associated behaviours, mental health correlates, and consequences of gambling. Based on past research on gender differences in gambling, it was hypothesized that female help-line callers would differ from male help-line callers in terms of the duration of their perceived gambling problems, the types of games they played, where they gambled, the amount of money they spent while gambling, their mental health correlates, and the consequences of gambling.

Method

The Addictions Foundation of Manitoba (AFM), a crown agency of the province, operates the Problem Gambling Help-Line 24 hours a day, 7 days a week, from its central office. This help-line is available toll free from anywhere in the province. The help-line is staffed by trained addictions counsellors. The help-line has been described in greater detail elsewhere ([Heater & Smitheringale, 2003](#)).

Data were continually gathered from calls made during the fiscal year of 2001–2002. Data from each call consisted of the caller's gender, the person the caller was concerned about, and the time of the call. However, for two months of the year, more extensive information was collected. Present analyses of gender differences were primarily drawn from these two months. During these two months, staff were provided with scripted questions to ask callers. All callers had several responses to choose from for each question. However, if a response did not fit into a particular category, it could be manually entered. Help-line staff asked each caller at the beginning of the call if they would answer some more in-depth questions about the nature of the current help-line call for research purposes. Callers were informed that their responses would be anonymous. The callers had to give their consent before the staff proceeded with the questions. Thirty-four additional questions were asked, covering five general categories:

1. demographics such as the length of call, age of caller, language spoken, and employment status;
2. gambling behaviours such as the money spent and the type, location, and frequency of gambling;
3. the length of concern;
4. mental health correlates such as anxiety, depression, stress, and suicidality;
5. the consequences of gambling such as relationship, work, legal, and financial problems.

The main form of statistical analyses used was chi square because of the categorical nature of the data. Chi square analyses were conducted within each of the five categories to determine gender differences among gambling behaviour and correlates.

Results

A total of 3747 calls were made to the AFM Problem Gambling Help-Line in the fiscal year of 2001–2002. The greatest number of calls made was for help ($N = 1836$). Other calls were for gaming-related information ($N = 749$) or general information ($N = 337$), or were prank/hang-up calls ($N = 824$). Over the entire year, slightly more women ($N = 982$) called for help than men ($N = 881$). This contrasts with six years ago, when only about a third of calls made to the help-line were from women.

The overall increase in female callers to the help-line may be due in part to two factors. First, a greater percentage of women (71.5%, $N = 441$) called concerned about another's gambling (usually a spouse or partner) than men (28.5%, $N = 176$). This is consistent with the stereotype of women as caregivers, as well as being more likely to seek help when in a difficult predicament. More women may be calling concerned about another's gambling than men because higher numbers of men are reported with problem gambling ([Potenza et al., 2001](#); [Tavares et al., 2001](#)). Thus, perhaps the female partners of these problem gamblers call the help-line for assistance. Second, about equal percentages of calls were made from those concerned about their own gambling (women = 43.4%, $N = 541$; men = 56.6%; $N =$

705). The approximately equal number of calls made by female gamblers to the help-line is higher than in previous studies ([Griffiths, Scarfe, & Bellringer, 1999](#); [Potenza et al., 2001](#)). It is possible that more women are calling the help-line regarding their own gambling because of the growing number of women gambling in general ([Trevorrow & Moore, 1998](#)).

As mentioned, gender differences in gambling from the help-line callers were analyzed using the more detailed data collected in November 2001 and March 2002. A total of 97 calls were received from callers concerned about their own gambling and 48 calls were received from callers concerned about another's gambling. Of the 97 calls made by gamblers during these two months, 59 (61%) were from men and 38 (39%) were from women.

Caller demographics

Male and female callers were not statistically different in terms of length of call, language spoken, age, or employment status. However, women, on average, had slightly shorter length of calls ($M = 18.5$ min) than did men ($M = 21.5$ min; $F(1, 89) = 1.80, ns$). Women had a slightly narrower age range than men (22–58 years and 18–62 years, respectively), yet the average age of male ($M = 40$ years) and female ($M = 39$ years) callers was similar ($F(1, 77) = .12, ns$). Both men and women predominantly spoke English. Finally, the majority of callers were employed full-time; male and female callers were similar in terms of employment status ($\chi^2 = 4.75, df = 6, ns$).

Gambling behaviours

Several gender differences emerged in terms of the types and location of games played that were associated with the callers' perceptions of problem gambling (see [Table 1](#)). Interestingly, there were no differences between male and female callers' time ($\chi^2 = 6.11, df = 4, ns$) and money ($\chi^2 = 5.04, df = 6, ns$) spent on gambling. Male and female help-line callers gambled on average 5 to 10

days per month and spent \$51 to \$100 each time they gambled.

Contrary to past research on EGMs ([Hing & Breen, 2001](#)), more men than women called regarding their VLT play ($\chi^2 = 3.95$, $df = 1$, $p < .05$). There were no gender differences in calls about Keno ($\chi^2 = 3.10$, $df = 1$, ns), slots ($\chi^2 = .34$, $df = 1$, ns), electric bingo ($\chi^2 = .30$, $df = 1$, ns), table games ($\chi^2 = 2.22$, $df = 1$, ns), Sports Select ($\chi^2 = .66$, $df = 1$, ns), lottery tickets ($\chi^2 = .05$, $df = 1$, ns), scratch tickets ($\chi^2 = .36$, $df = 1$, ns), or horse racing ($\chi^2 = 2.01$, $df = 1$, ns). These types of gambling were rarely identified as the reason the individual had contacted the help-line. Most often callers were concerned about their own, or someone else's, VLT preoccupation.

There was one notable gender difference in where callers typically gambled. More than twice as many men as women reported that they gambled in hotels, bars, and restaurant lounges ($\chi^2 = 6.78$, $df = 1$, $p < .05$). There were no gender differences in other gambling locations, such as the casino ($\chi^2 = 3.68$, $df = 1$, ns), racetrack ($\chi^2 = 1.33$, $df = 1$, ns), lottery outlet ($\chi^2 = .10$, $df = 1$, ns), and bingo hall ($\chi^2 = .20$, $df = 1$, ns).

Length of perceived gambling problem

Consistent with past research on help-line callers ([Potenza et al., 2001](#)), male callers in the present study had a longer history of perceived problem gambling than female callers ($\chi^2 = 17.68$, $df = 5$, $p < .01$). A greater percentage of male callers (69%) were concerned about their gambling for more than two years compared with female callers (44%). Female callers were more likely to be concerned about gambling that had begun within the past one to two years.

Mental health correlates

Gender comparisons on mental health issues yielded both expected and unexpected findings. It was

unexpected that there was no statistically significant gender difference in reported anxiety ($\chi^2 = .36$, $df = 1$, *ns*), depression ($\chi^2 = .41$, $df = 1$, *ns*), and stress ($\chi^2 = 1.56$, $df = 1$, *ns*). About 5% of the male and female callers reported that they were receiving help for anxiety, 2% for stress, and 11% for depression. However, there was a gender difference in concerns around alcohol and other drug use. Specifically, more men (24.6%) reported concerns with their drug and alcohol use ($\chi^2 = 4.10$, $df = 1$, $p < .05$) and a greater number of men (10.5%) were receiving help for their alcohol problems ($\chi^2 = 4.16$, $df = 1$, $p < .05$), compared with women. Only 8% of women had concerns about their own alcohol and drug problems and no women were receiving help for alcohol and drug problems.

In terms of suicide, there was no difference between male and female callers who had ever thought about hurting themselves ($\chi^2 = .12$, $df = 1$, *ns*). About a third of both male and female callers had thought of hurting themselves. Although more female callers tended to be currently thinking of hurting themselves (11% vs. 2% of male callers), this difference was not statistically significant ($\chi^2 = 3.65$, $df = 1$, *ns*).

Consequences of gambling

Most of the callers were experiencing a variety of consequences of gambling, but there were no gender differences in financial ($\chi^2 = 1.22$, $df = 1$, *ns*), relational ($\chi^2 = 4.15$, $df = 2$, *ns*), or work/school ($\chi^2 = 1.65$, $df = 2$, *ns*) concerns. Female callers were just as likely to experience the negative consequences of gambling as male callers.

Almost all of the callers were experiencing financial problems due to gambling, with unpaid bills being the primary source of financial concern. Of the 90.1% of callers with financial concerns, 63.4% had unpaid bills, 22.8% had little or no food money, and 28.7% had credit card debt, and 19.8% had pawned goods and 12.9% had written NSF cheques. There were no differences in this

regard. Over half of the callers (58.4%) reported relationship concerns with a spouse or partner due to gambling, i.e., relational arguments (42.6%), lies about gambling or financial situation (31.7%), and risk of relationship termination (21.8%). Fewer callers had relationship difficulties with other family members (33.7%). Further, 25% of callers reported concerns with work or school because of gambling and only 7% reported legal concerns.

Discussion

With the increased social acceptance of gambling and improved access due to the availability of VLTs in lounges and casinos, gambling-related problems may become more prevalent in the population. In order to facilitate access to help and information about gambling, Manitoba has operated a problem gambling help-line since 1993. The results of the present study are based on one of many dimensions of the data being collected from help-line callers. Because of the lack of information on female gambling issues, this report has focused on gender differences in the use of this help-line.

In contrast with previous reports, slightly more women than men called the help-line, yet they were more likely to call because they were concerned about someone else's gambling, usually their partner or spouse. However, compared with previous years on the help-line, more women were calling because they were concerned about their own gambling. In fact, the number of women calling because they were concerned about their own gambling (43.4%) was just slightly lower than the number of men (56.6%). This is a notable point because prevalence rates of problem gambling typically indicate that men are at least twice as likely to be classified as problem gamblers ([Brown & Coventry, 1997](#)).

There may be a higher gender ratio of calls to the help-line compared with the gender ratio of problem gambling prevalence rates because women are generally more inclined to seek out help for their problems than are men. Research shows that women typically seek out treatment

and help for mental health issues more often than men do ([Crawford & Unger, 2000](#)). Interestingly, though, women do not typically seek out treatment more than men do if the disorder is an addiction ([Crisp et al., 2000](#)). It has been suggested that women do not seek out treatment for addictions to the same extent as other mental health issues because of accessibility and societal acceptability. Residential or day programs that treat addictions do not always provide childcare and are not typically structured around treating women specifically. Further, women have to face societal stigma when accessing addictions treatment. In the present study, there may have been a similar number of calls between male and female gamblers because of the convenience, immediacy, and anonymity of the help-line. With the convenience of calling the help-line for support at any time, women would not have to worry about childcare or the shame of publicly going for addictions counselling.

The belief that women accessed the help-line at a greater rate than men is supported by the data showing that women experienced their gambling problems for shorter lengths of time than men did before calling the help-line. The average length of time that women were concerned with their problem gambling was from one to two years, whereas men were concerned for more than two years, on average. These results are consistent with other help-line data ([Potenza et al., 2001](#)). The implication is that women who have problems with gambling are more likely to seek out help sooner than men, which in turn may decrease their likelihood of developing a more intractable gambling problem. Perhaps it is the case that higher numbers of women gamble and experience negative consequences than have been reported in previous studies, but that these women are more likely to recognize the early stages of problem gambling and seek help. This explanation, however, contradicts [Brown and Coventry \(1997\)](#), who suggested that fewer women are identified as problem gamblers because they do not access treatment at the same rate as men. Yet another potential explanation for

why female callers may have experienced gambling problems for a shorter duration compared to male callers could be that their gambling problems may have progressed at a greater rate.

The high number of women calling the help-line and the primary reasons that they are calling suggest that treatment and prevention programs may need to focus on issues related to female involvement in gambling. Some of the salient issues to note for treatment and prevention may be the dominant type of games women play, where they gamble, and some of the consequences of gambling.

The primary type of gambling that women who called the help-line were concerned about was VLTs. Sixty-two percent of women callers were primarily concerned with their VLT playing, followed by 24.3% slot playing, and 18.9% Keno playing. Men also called the help-line primarily concerned with their VLT playing, even more often than women (80.7%). This high rate of VLT play is consistent with previous research on EGMs ([Hing & Breen, 2001](#); [Trevorrow & Moore, 1998](#)). Further, women's high gambling rates on these three games (VLTs, slots, and Keno) are consistent with the explanation that women gamble out of boredom and tend to gamble with games that maximize their playing time. VLTs, slots, and Keno are relatively inexpensive games to play for extended periods of time compared to other forms of gambling (e.g., casino card games). Although there was no statistical difference, women had a greater tendency to call the help-line regarding casino games such as Keno, slots, table games, and electric bingo than men. Women never called concerned about more masculine games such as Sports Select and horse racing, whereas a small percentage of men did.

Based on previous research on women and gambling, it was thought that women would gamble more in casinos than in bars because casinos were believed to be more gender neutral and acceptable locations for women to go either alone or with friends ([Brown & Coventry, 1997](#); [Trevorrow & Moore, 1998](#)). Conversely, the present data

showed that the same amount of women gambled in hotels, bars, and restaurants as in casinos. It is difficult to ascertain if similar numbers of women gambled in bars and casinos because hotels, restaurants, and bars were all grouped as one category. It is possible that women gambled more in hotels and restaurants (more socially acceptable) than bars, which would make it appear that more women gambled in bars than they actually did. Future data collection from help-line callers should identify the location more specifically, so that direct comparisons of where women gamble can be made. Men, on the other hand, were more than twice as likely to have gambled in bars, hotels, and restaurants as in casinos. Overall, men gambled more in restaurants, hotels, and bars than did women.

Knowing where women gamble and the types of gambling they typically engage in can help identify where advertising of prevention and treatment resources (e.g., help-line number) would be most useful. The most prevalent types of games and sites gambled by those who have a problem with gambling may also be a social factor to consider when contemplating the expansion of EGMs in various locations. The reasoning to expand EGMs may be questionable when data show that these games are the most likely to be associated with problem gambling.

In terms of the mental health correlates of gambling, there were few gender differences. This was unexpected because research on the prevalence of anxiety, depression, and stress generally shows higher rates in women than men ([Barlow, 1993](#); [Leahy & Holland, 2000](#)). The current study showed no gender differences in reported rates of anxiety, depression, and stress, which is similar to [Potenza and colleagues' findings \(2001\)](#). Consistent with other research, more men than women called the help-line reporting alcohol and other drug use problems. In addition, although there was no statistical gender difference in suicidality, five times as many women were currently thinking of hurting themselves.

The overall rates of reported mental health concerns are

believed to be somewhat low compared with other published correlates. [Crockford and el-Guebaly \(1998\)](#) reviewed 60 studies assessing psychiatric comorbidity and showed 13% to 28% of community problem gamblers with anxiety disorders and up to 33% with a mood disorder. In the current study, 5% of the help-line callers were receiving help for anxiety and 11% were receiving help for depression. These rates may be an underestimate of those who have anxiety and depression because only those who were receiving help for these concerns were included.

There were no gender differences in the consequences of gambling. The majority of male and female help-line callers were experiencing a wide variety of financial and relationship problems.

When interpreting the results of this study, it should be noted that there are methodological limitations. First, the data collected were from provincial help-line calls. This means that the data are not representative of all problem gamblers, but they are a selected sample of gamblers who perceived that they had a problem with gambling and called the help-line for assistance. Second, the data were based on callers' responses to questions, which are subject to interpretation biases and memory accuracy.

In summary, the high number of calls during the fiscal year of 2001–2002 to the Problem Gambling Help-Line reflects the accessibility and need for information and support around gambling issues. The need for and importance of the help-line is further emphasized by the results showing that 70% of callers had never gone for help regarding their gambling concerns before calling the help-line, even though the average length of concern was approximately two years.

In terms of women calling the help-line, a growing number are calling for both help for their own and concerns about another's gambling. Women calling the help-line concerned with their own gambling have both similarities to and differences from men. The more salient gender differences are the location of games

played, the duration of the gambling problem, and drug and alcohol use. Men gambled more in hotels, bars, and restaurants and had experienced problem gambling for a longer period of time than women. Men also had greater concerns with their drug and alcohol use. The main similarities between men and women were the consequences of gambling, mental health correlates, and that gambling concerns were primarily related to VLT play. In all, the data show that both men and women experience problems with gambling, yet their problems are not entirely the same.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Barlow, D.. (Ed.). (1993). *Clinical handbook of psychological disorders* (2nd ed.). New York: Guilford Press, Inc.
- Brown, S.. Coventry, L.. (1997). *Queen of hearts: The needs of women with gambling problems*. Melbourne, Australia: Financial and Consumer Rights Council.
- Crawford, M.. Unger, R.. (2000). *Women and gender: A feminist psychology* (3rd ed.). New York: McGraw-Hill.
- Crisp, B.. Thomas, S.. Jackson, A.. Thomason, N.. Smith, S.. Borrell, J.. , et al. (2000). Sex differences in the treatment needs and outcomes of problem gamblers. *Research on Social Work Practice*, 10, 229-242.
- Crockford, D.. el-Guebaly, N.. (1998). Psychiatric comorbidity in pathological gambling: A critical review. *Canadian Journal of Psychiatry*, 43, 43-50.
- Davis, D.. (2002). The queen of diamonds: Women and compulsive gambling. In Straussner, S.. & Brown, S.. (Eds.), *The handbook of addiction treatment for women* (pp. 99–126). San Francisco: Jossey-Bass.
- Griffiths, M.. Scarfe, A.. Bellringer, P.. (1999). The UK national telephone gambling helpline—Results on the first year of operation. *Journal of Gambling Studies*, 15, 83-90.
- Heater, J.. Smitheringale, B.. (2003). *Addictions Foundation of Manitoba Problem Gambling Help-Line review 2001-2002*. Winnipeg, Canada: Addictions Foundation of Manitoba.
- Hing, N.. Breen, H.. (2001). Profiling lady luck: An empirical study of gambling and problem gambling amongst female club members. *Journal of Gambling Studies*, 17, 47-69.
- Hraba, J.. Lee, G.. (1996). Gender, gambling and problem gambling. *Journal of Gambling Studies*, 12, 83-101.

Leahy, R., Holland, S.. (2000). *Treatment plans and interventions for depression and anxiety disorders*. New York: Guilford Press, Inc.

Patton, D., Brown, D., Dhaliwal, J., Pankratz, C., Broszeit, B.. (2002). *Gambling involvement and problem gambling in Manitoba*. Manitoba, Canada: Addictions Foundation of Manitoba.

Potenza, M., Steinberg, M., McLaughlin, S., Wu, R., Rounsaville, B., O'Malley, S.. (2001). Gender-related differences in the characteristics of problem gamblers using a gambling helpline. *American Journal of Psychiatry*, 158, 1500-1505.

Tavares, H., Zilberman, M., Beites, F., Gentil, V.. (2001). Gender differences in gambling progression. *Journal of Gambling Studies*, 17, 151-159.

Trevorrow, K., Moore, S.. (1998). The association between loneliness, social isolation and women's electronic gaming machine gambling. *Journal of Gambling Studies*, 14, 263-284.

Wenger, L., McKechnie, B., Kaplan, G.S.. (1996). *Fastfacts on gambling*. Manitoba, Canada: Addictions Foundation of Manitoba.

Tables

Table 1

Gender differences in type and location of gambling from help-line callers

-	Male (N = 57) % gambled	Female (N = 37) % gambled	χ^2
Type of gambling			
VLTS	80.7	62.2	3.95*
Slots	19.3	24.3	0.34
Keno	7.0	18.9	3.10
Electronic bingo	5.3	8.1	0.30
Table games	1.8	8.1	2.22
Sports Select	1.8	0.0	0.66
Lottery tickets	3.5	2.7	0.05
Scratch tickets	5.3	2.7	0.36
Horse racing	5.3	0.0	2.01
Informal betting	0.0	0.0	-
Internet	0.0	0.0	-
Location of gambling			
Hotel/bar/restaurant	77.2	51.4	6.78*
Winnipeg Casino	31.6	51.4	3.68
Lottery outlet	7.0	5.4	0.98
Assiniboia Downs	3.5	0.0	1.33
Bingo halls	3.5	5.4	0.20

* $p < .05$.

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